



Washington Massage News

Affiliated with American Massage & Therapy Association

MARCH ISSUE

John A. Murray, Editor Pert Townsend, Washington

This issue of Washington Massage News for March is somewhat later than usual, due to waiting in the hope that some material of interest from the members would come in before we printed the March issue.

The next meeting of Seattle Chapter of Massage Therapists will be held at the home of Arthur and Dorothy Mann, 12709 Palatine Ave., phone EM 3-8432; they have a nice large rumpus room that can accommodate everyone.

Our last meeting at the Miller home was a dandy and a very enthusiastic meeting is expected on March 11th, at 2:00 PM sharp. Be there -- you are really missed when you do not attend meetings as it takes the presence and thoughts of every member to make meetings interesting.

Ed

When I was called to see a man with a spinal condition, I said I had never seen one like it, and asked him if he had been to a doctor and had no diagnosis. When I asked him if anyone ever told him he had a kidney condition, he said he had been told so.

Wrong Diagnosis or Careless Diagnosis, Which? That's the basic question.

In June of 1961 I was called to a patient's home at 11 P.M. He was suffering from a spine condition so acute that he couldn't get on his feet; he crawled on hands and knees to a stauffer table and was able to get in a prone position on that.

In my examination and treatment, I found two vertebrae in slight rotation, nothing as serious as I had found in previous treatments that I had given him in years past.

I gave him thorough massage of the back muscles, to relieve the muscle spasms, then manipulation of the vertebrae. He was able to get up, walk around, bend forward and backward, and said he felt much better. I advised him to come to my office next day for a general massage, because he would probably be quite stiff and sore after such severe muscle spasms.

The patient did not come to my office, but a few days later went to a chiropractor in Port Angeles, a few days later to a chiropractor in Poulsbo, then to a myropractor in Bremerton, then to another chiropractor in Seattle, then decided to see one of our medical doctors in Port Townsend, thinking it was a kidney condition.

The medical doctor found nothing wrong in his kidney examination, but to be more certain, sent the patient to the best urologist clinic in Seattle. Their examination revealed nothing in the urinary system. Thinking it might possibly be in bone structure, they sent him to a group of bone specialists, who found nothing wrong in bone pathology, but thought there could be a possible nerve pressure and suggested therapy.

Widnows' Message



Instead of following that suggestion, he went to another medical doctor in Port Angeles, whose X-rays revealed what he said was a dropped kidney, pressing on the sciatic nerves, so he confined him in a hospital for fifteen days, with the bed elevated at the feet to assist gravity to replace kidney to normal position.

After the fifteen days in bed, the patient was given heat therapy treatments. When the patient had a few of the heat treatments, he asked if he couldn't be at home and have heat therapy there. The Doctor released him, with a prescription to me for ten heat therapy treatments for sciatic syndrome with possible disc and massage of right leg and hip.

The patient told me of the dropped kidney diagnosis and the treatment that followed. I asked if he had been X-rayed after the raised bed treatment, he said "No". I wondered to myself how the Doctor was going to know if correction had been made, also how a kidney could drop at least eight inches (he was a tall man) and press on the sciatic nerves and still be able to function without stoppage of the ureters and the flow of blood.

When I started the prescribed therapy, I found the lymphatics in right flank were a mass of nodes as large as kernels of corn and quite tender. I checked the vertebrae for rotations of the lumbar area, found none. There was considerable tenderness in the whole pelvic plexus. The condition didn't respond to therapy.

I told the patient that I could be guessing wrong but I felt he needed more drastic treatment than he was getting. I asked if he was a war veteran, he said he was, so suggested he get into the Veterans Hospital where he could have complete diagnosis and round the clock hospital care.

It was necessary for him to be admitted by a medical doctor, so he went to another local doctor in the same clinic as the doctor who had given him a kidney examination six months before. The X-rays at this time showed a tumor about the size of a kidney in the right pelvic cavity (perhaps what another doctor thought was a dropped kidney). The X-rays were compared with the earlier examination and revealed the same tumor, only much smaller six months before.

The patient was admitted to Veterans Hospital, Seattle. The examination and diagnosis there was malignant tumor, involving most of the body, and he was given two weeks to live. He lived two months.

Some diagnostician "geoffed" somewhere, as it seems evident that the dropped kidney diagnosis was the malignant tumor that was about the size of a kidney, while the previous diagnosticians apparently were looking for only one thing, kidney or urinary in two cases, spinal vertebrae and nerve trouble in another, and mis-reading X-rays in another, and concluding nothing is or will ever be a problem due to the absence of obvious nodes.

How is the layman going to know whether his diagnosis is correct or not. How is the therapist going to know (unless they are pretty well qualified) whether they may be doing more harm than good by following a prescription on wrong diagnosis. Would you agree that certified physical therapists and not just any other kind of examiners or of greater authority, should make grants and in addition believe until proven, written report now available and "in print" John A. Murray, R.N.T., made his name known among many others in this field.

PS. Some of you fellow therapists have probably had similar experiences. What action did you employ?

What Others Have Learned

When I was sixteen, or seventeen had a little self-confidence. (8)

There wasn't much I didn't know.
Theough great knowledge some men had fine sterey faces. (1)

There was no doubt, but I knew more.

Now a few years ago made me a fine young man. (8)
But times have changed, I must concede.

Now I have learned since then a lot indeed. (8)
But not like other men, I find, another man
It's new myself that is behind.

Middle age is when your memory is shorter, your experience longer, your stamina lower, and your forehead higher.

Dear Mrs. First

No wonder women live longer than men, see how long they are girls.

Patient Education Begins at Front Desk ~~Never Ends~~ ^{and} Never Ends at Front Desk ~~and~~ ^{is} the beginning of the life of the patient education process. ~~and~~ ^{and} ends ~~at~~ ^{when} the new patient begins as seen as he steps into your office. Whether he sees a modern office, well decorated and neat in appearance - or a shabby run-down, paint peeled, plaster cracked room full of chairs and dog-eared magazines.... the educational process has begun. He already has a certain degree of either trust or distrust in you.

J.T.M.H., Indiana, A. M.D.

Check your office daily. Make sure it provides the professional atmosphere necessary to your service.

Dear Mrs. First

J. M. Weir, R.M.T.

Educational Chairman

Surprise! Mrs. First is right when she says the effectiveness of a booklet depends upon the way it is displayed. Instead of just leaving it on a shelf, it should be displayed in a prominent place.

How to Display Material:

Creating Effectiveness starts with your booklet. Is it good? If so, it should be displayed prominently. What do you do with new public information material when it arrives at your office? The following nine steps will be helpful in obtaining the greatest mileage from Public Relations Materials while assuring the profession of an effective Public Relations Program.

(1) Always keep clean copies in your waiting room, well lighted and in a prominent position.

(2) Always present the publication in its own distinctive envelope if available.

(3) Leave the booklet when making a presentation - don't just show it.

(4) Give key leaders several copies to distribute to other persons.

- (5) Present a copy to everyone in your practice.
- (6) Check your State Association for coordinated distribution. Urge mass distribution efforts be initiated.
- (7) Call your local chapter for presentation to the library in your vicinity.
- (8) Order in quantity. Don't be out when someone asks for a copy.
- (9) Contact your local newspapers, radio and television stations for a possible news release.

J. M. Weir, R.M.T.

Educational Chairman

Washington State Physical Therapy Association

Seattle, Washington 98101

July 28, 1961

Editor, Massage News:

For some time there have been rumors going about to the effect that, after the Amendment to the Physical Therapy Act, Massage Therapists may register as Physical Therapists; also, that Massage Therapists would be entitled to representation on the Board of Examiners. To put the record straight, I wrote to Olympia and received the following answer.

Arthur B. Dunbar, R.M.T.

Legislative Committee Chairman

Seattle, Washington 98101

July 27, 1961

Dear Mr. Editor:

This is to acknowledge receipt of your letter of July 24th, 1961, regarding the licensing of Massagers and the recent amendment to the Physical Therapy Practice Act.

This Amendment has to do with Physical Therapy and in no way affects the Massager doing business in the State of Washington. As you are perhaps aware, there is no state law in this state that has to do with Massagers, as long as they stay ~~in~~ within the realm of their business, which is manipulation by hand, ~~and~~ ~~not~~ ~~in~~ ~~any~~ ~~other~~ ~~area~~ ~~than~~ ~~the~~ ~~realm~~ ~~of~~ ~~their~~ ~~business~~. Very truly yours,

Thomas A. Carter

Ed

These letters should have been in the September issue, somehow it escaped notice at that time. Please accept apology.

Ed

Editor, Massage News

Anatomical Quandry

Where can a man buy a cap for his knee?
Or a key for a lock of his hair?
Can his eyes be called an academy,
Because there are pupils there?

In the crown of his head,
What jewels are set?
Who travels the bridge of his nose?
Can he use,
When shingling the reef of his mouth,
The nails on the ends of his toes?

What does he raise from the slip of his tongue?
Who plays on the drums of his ears?
And who can tell the cut and style
Of the coat his stomach wears.

Can the creek of his elbow be sent to jail?
And, if so, what did it do?

How does he sharpen his shoulder blades?
I'll be hanged if I knew, do you?

(Author unknown)

Experiences with Some Massage Therapists

In talking shop with fellow therapists, on various massage techniques, both good and bad, I have related a few experiences with various people, who were supposed to be practicing massage therapy.

My fellow A.M.T.A. members have said, "Why don't you write about some of the techniques you describe?" Maybe they might be of benefit to other therapists in what not to do. I think they have helped me to become a much more considerate therapist, in trying to give to my clientele the kind of therapy that I would like to have given to me, if our places were reversed.

First, let's understand that the word massage or even Scientific Swedish massage, does not always mean the kind of massage therapy you might expect, as I will attempt to describe.

I have always made it a practice, when seeing a sign advertising massage or related techniques, to drop in, meet those in charge, get acquainted, talk a little shop, etc. Often if time permitted, have been invited to have a treatment or exchange treatments. In this way I have discovered as many variations, in so-called massage therapy, as there are therapists.

While employed in a medical doctor's office in North Hollywood, a young husky woman of twenty years came to our office to see me and talk shop a bit. We decided to exchange massage treatments. I gave her my best in Scientific Swedish massage, then she in turn gave me a massage, using her technique. She went over me completely, using her hands, much in the manner a barber strips a razer. She would stay in one place just

about as long as you could stand it, then move over a few inches and repeat same procedure. The razer stretching technique was not so heavy, but continued in one spot for a time, certainly could bruise tissue. The next day I was black and blue from here to there.

I exchanged treatments with another young lady who had an office in a rest home. I gave her a regular thirty five minute Swedish massage, she gave me ten minutes of a nerve reflex therapy that I felt no results one way or another. I exchanged with a young man who went over me, using only one hand with an Oster hand vibrator. He explained that it was far better than hand massage and much easier for him.

I watched another give a massage. He worked with one hand a few strokes, then let that arm hang loosely at his side, while he worked with the opposite hand, changing from one to the other about every twenty to thirty seconds, for the entire body massage. He had no particular routine, as had to watch the clock continually to pace himself to know when he was through. Another fellow had a punching technique, pushing with alternate punches with the open hand, using the fingers more than the palm of the hand. Without one hand supporting the other, you were punched all over the table. You couldn't relax, you tensed yourself for each punch. He was a weight lifting masseur.

Another exchange was a young lady of twenty years, just out of Webster College of Massage, Los Angeles. She came to work where I was employed. Her first day's work was so unsatisfactory to her clientele that the management refunded their money. She felt so bad she cried. The management felt sorry for her as assigned her to me for further instruction. I worked with her all of my free time for two or three weeks, until she could make it on her own and hold a clientele. She had been taught a fair routine, but her pressure was so light, it was like a gentle breeze blowing over you.

Another exchange was with an elderly man who had been practicing massage therapy several years. His routine was bad, his movements were quick and jerky; as he completed each limb, he would give each joint circumduction in passive movements, similar to cranking a car motor.

In telling of these experiences I am not trying to give the impression that every massage therapist's technique is faulty but mine. I have also exchanged with many massage therapists who were so good that I wished the treatment would go on forever. Some of our own R.M.T.s have some excellent techniques.

From the above experiences we can see the need for better massage therapy schools, better screening of massage therapists and their techniques, a state board of examiners, and a licensing law to protect qualified therapists and to protect the public from the unqualified.

John A. Murray, R.M.T.

What Kind of a Member Are You? and 71 more jobs

Some members are like wheelbarrows, not good unless pushed.

Some are like trailers, not good unless pulled.

Some are like canoes, they need to be paddled.

Some are like kites, if you don't keep a string on them, they fly away.

Some are like kittens, they are contented when patted.

Some are like featherballs, you can't tell which way they are going to bounce.

Some are like balloons, full of wind and likely to blow up unless handled carefully.

Some are 100 percent members, in regular ATTENDANCE and very COOPERATIVE.